

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/586734

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1		1		
3		1		1		
4		1		1		
5		1		1		
6		1		1		
7		1		1		
8		1		1		
9		1		1		
10		1		1		
11		1		1		
12		1		1		
13		1		1		
14		1		1		
15		1		1		
16		1		1		
17		1		1		
18		1		1		
19		1		1		
20		1		1		
21		1		1		
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27		1		1		
28		1		1		
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36		1		1		
37		1		1		
38		1		1		
39		1		1		
40		1		1		
41		1		1		
42		1		1		
43		1		1		
44		1		1		
45		1		1		
46		1		1		
47		1	1	1		
48		1		1		
49		1		1		
50		1		1		
TOTAL IND.	1	↓		↓		↓
TOTAL DEP.	57	←		←		←
TOTAL CLAIMS	58					

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51		0		1		
52		0		1		
53		1		1		
54		1		1		
55		1		1		
56		1		1		
57		1		1		
58		1		1		
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95						
96						
97						
98						
99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←	2	←		←
TOTAL CLAIMS			18			
			20			